## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE NAME

STREET ACCRESS

CHY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 07 1997 8:00am

Secretary of State

Change

3-3-97 407-847-7039

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K81225

(0)

BALLARD FINISHING CONTRACTORS, INC.

Principal Place	e of Business	Mailing Address							
% JAMES A. BALLARD 1324 WOODCREST BLVD. KISSIMMEE FL 34744-2606		% JAMES A. BALLARD 1324 WOODCREST BLVD. KISSIMMEE FL 34744							
						3. Date Incorporated or Qualified 04/18/1989		ate of Last Re 19/1996	eport !
2. Principal P	lace of Business	2a. Mailing Address			<del></del>	4. FEI Number	1 49/		plied For
21		26				59-2949953		<del> </del>	1 Applicable
Suite Apt.	# etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip <b>24</b>	Country 25	Ζ(p	30 Cou	ntry		8. This corporation has liability for i			****
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered	Agent	
BALLARD, JAMES A. 1324 WOODCREST BLVD. KISSIMMEE FL 32743					Name Street Addre	ss (P.O. Box Number is Not Acceptab	ile)		
				83					
				64	City		FL	85 Zip (	Code
office or r	to the provisions of Socilons 607-050, egistered agent, or both, in the State in familiar with, and accept the obligation of providing agents of the state of t	of Florida. Such change was ations of, Section 607.0505, Fl	authorized orida Stat	d by 1 utes	the corporation	oration submits this statement for the pon's board of directors. I hereby accep	of the app	of changing it pointment as	s registered registered
12.	OFFICERS AND		13.	a Agen	signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	D	DELETE	1.170	TLE	<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	☐ Addition
NAME	BALLARD, JAMES A.		1.2 NA	AME					
STREET ADDRESS	1324 WOODCREST BLVD.		1.3 \$1	reet a	DORESS				
CITY - S1 - ZIP	KISSIMMEE FL		1.4 CI	TY-\$T-	ZIP				
TITLE	D	☐ DELETE	2.1 TO	TLE				Change	Addition
NAME:	BALLARD, DIANNE S.		2.2 N/	AME					
STREET ADDRESS	1324 WOODCREST BLVD.				DORESS				
CITY - S1 - 7IP	KISSIMMEE FL	DELETE		ITY-ST	-ZIP		···	TT Change	Addition
TITLE		U VECETE	3.1 10					Change	LJ AUGINION
NAME STREET ADDRESS			3.2 NA		DDRESS				
CITY-ST-ZIP				ITY-ST					
TITLE		DELETE	4.1 Tr				······································	Change	Addition
NAME		_	4. 2 N					<del>-</del>	
STREET ADDRESS			4.3 ST	TREET A	DORESS				
City - ST - ZiP				TY-ST	1				
TITLE		DELETE	5.1 Tr	TLE				Change	Addition
NAME			5.2 N/	AME					
STREET ADDRESS			5.3 ST	TREET A	DORESS				
A.T.   B.   Tel.				TV 0T	I				

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.